

**2017 FLORIDA PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# P03000105685

**FILED**  
**Mar 14, 2017**  
**Secretary of State**  
**CC2412576487**

**Entity Name:** SHUFFIELD, LOWMAN & WILSON, P.A.

**Current Principal Place of Business:**

1000 LEGION PLACE, SUITE 1700  
ORLANDO, FL 32801

**Current Mailing Address:**

P.O. BOX 1010  
ORLANDO, FL 32802-1010

**FEI Number:** 20-0257515

**Certificate of Status Desired:** No

**Name and Address of Current Registered Agent:**

LOWMAN, WILLIAM R JR., ESQ.  
1000 LEGION PLACE, SUITE 1700  
ORLANDO, FL 32801 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE:** WILLIAM R. LOWMAN, JR.

03/14/2017

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR, PRESIDENT  
Name LOWMAN, WILLIAM R. JR.  
Address 1000 LEGION PLACE, SUITE 1700  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR, VP, SECRETARY  
Name WILSON, LYNNE R  
Address 1000 LEGION PLACE, SUITE 1700  
City-State-Zip: ORLANDO FL 32801

Title DIRECTOR, VP, TREASURER  
Name MEIER, GREGORY W  
Address 1000 LEGION PLACE, SUITE 1700  
City-State-Zip: ORLANDO FL 32801

Title VP  
Name ISENHART, HEIDI W  
Address 1000 LEGION PLACE, SUITE 1700  
City-State-Zip: ORLANDO FL 32801

Title VP  
Name MCDONALD, J. STEPHEN  
Address 1000 LEGION PLACE, SUITE 1700  
City-State-Zip: ORLANDO FL 32801

Title VP  
Name COOKSON, SCOTT A.  
Address 1000 LEGION PLACE, SUITE 1700  
City-State-Zip: ORLANDO FL 32801

Title VP  
Name DOUGLAS, ALEXANDER S II  
Address 1000 LEGION PLACE, SUITE 1700  
City-State-Zip: ORLANDO FL 32801

Title VP  
Name MARTINEZ, JANET E  
Address 203 EAST RICH AVENUE  
City-State-Zip: DELAND FL 32724

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*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE:** WILLIAM R. LOWMAN, JR.

**PRESIDENT**

03/14/2017

Electronic Signature of Signing Officer/Director Detail

Date

**Officer/Director Detail Continued :**

Title VP  
Name FIRESTONE, MATT G  
Address 1000 LEGION PLACE, SUITE 1700  
City-State-Zip: ORLANDO FL 32801

Title VP  
Name DAVIS, JASON A  
Address 545 W. MAIN STREET  
City-State-Zip: TAVARES FL 32778

Title VP  
Name JUNOD, JOHN P  
Address 1000 LEGION PLACE, SUITE 1700  
City-State-Zip: ORLANDO FL 32801

Title VP  
Name HESSE, KEITH J  
Address 1000 LEGION PLACE, SUITE 1700  
City-State-Zip: ORLANDO FL 32801

Title VP  
Name COOK, STEPHANIE L  
Address 1000 LEGION PLACE, SUITE 1700  
City-State-Zip: ORLANDO FL 32801

Title VP  
Name ROESCH, CLAY  
Address 1000 LEGION PLACE, SUITE 1700  
City-State-Zip: ORLANDO FL 32801